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Legislative Briefing—July 2008 Vermont State Hospital Futures Project

The Agency of Human Services (AHS) is committed to ensuring key policy makers are kept apprised of the continued progress of the Vermont State Hospital Futures project and significant milestones at Vermont State Hospital. This briefing is the first of a summer/fall series the Department of Mental Health will be preparing to ensure regular communication with the Legislature.

As this briefing is the first in a series, we felt it would be helpful to provide some context for this update that may not be necessary in subsequent briefings. We do hope you find this information helpful. As always, feel free to contact Commissioner Hartman or Deputy Commissioner Tanzman with any questions you may have.

Update on the Vermont State Hospital (VSH)

Current Census:

The June in-house census figures for the Vermont State Hospital, averaging 43 patients, indicate a reduction in average daily census compared to a similar 45-day time period one year ago. This reduction in census likely reflects the impact the development of community residential recovery and crisis bed programs have had on the system.

Accreditation:

Accreditation of VSH appears realistic following the Joint Commission's two site visits. While we do not have their final reports, exit conference discussions with Joint Commission surveyors were quite positive, indicating that the VSH generally met accreditation standards for clinical programming and compliance with life safety standards. VSH will submit a plan of correction for the few standards cited in the review findings. Assuming the Joint Commission accepts the VSH plan, temporary accreditation could be granted. A future visit within the next six months to confirm that standards already achieved are being sustained may result in permanent accreditation.

Certification:

VSH applied for certification by the Centers for Medicare and Medicaid Services (CMS) in April 2008. A site visit may occur at any time to evaluate general

compliance with CMS standards. If found in compliance, VSH must demonstrate adherence to standards for up to six months, at which time CMS may certify VSH.

Licensure:

On May 28, 2008 the Vermont Board of Health issued a full license to VSH to operate as a hospital. VSH has been operating under a temporary license--renewed every six months--since the hospital's decertification in 2005, pending progress to implement a plan of correction.

Update on the Futures Project

Context:

In 2004, the Legislature and the administration set in motion a strategic planning process to rethink, revitalize and reform the future of Vermont's public mental health system. Lawmakers charged the Secretary of the Agency of Human Services with creating a comprehensive plan for the delivery of services currently provided by VSH within the context of long-range planning for a comprehensive continuum of mental health care. This plan was titled the "Futures Plan".

The core of the plan is proposed new investments in the essential community capacities, and reconfiguring the existing 54-bed inpatient capacity at the Vermont State Hospital into a new system of inpatient, rehabilitation, and residential services for adults. This plan is consistent with Vermont's long history of establishing strong community support systems and reducing our reliance on institutional care. The fundamental goal is to support recovery for Vermonters with mental illnesses in the least restrictive and most integrated settings that promote recovery.

Community programs:

- Crisis stabilization beds--Nine (9) new crisis stabilization beds are open or in final stages of development. This brings the total statewide capacity to twenty-seven (27) crisis beds. These programs are in Vermont's larger population centers: Burlington, Rutland, Barre, Springfield, Bennington, St. Albans, and St. Johnsbury. The crisis beds are designed to divert hospitalizations and/or to shorten the length of hospital stays by providing a highly supportive and medically monitored short term residential service.
- Residential recovery programs - Second Spring in Williamstown is fully operational and will undergo a planned expansion from eleven (11) to fourteen (14) beds this summer, reflecting its full licensed capacity and evident success. The second program--a partnership between Health Care and Rehabilitation Services and Retreat Healthcare, Inc., is currently under a development contract for a six (6) bed program proposed for the Retreat HealthCare farmhouse.

- Statewide rental assistance fund--Significant enhancements to the state-wide rental assistance fund have been made. These funds help people, with severe and persistent mental illness living on disability income, to access safe, stable, affordable housing.
- Transportation alternatives-- The use of civilian vehicles with accompanying mental health staff as an alternative to sheriff transportation for adults and children facing involuntary hospitalization is being piloted, and based on this experience, plans will be developed to scale this state-wide. The pilot has been extremely successful in reducing the number of children transported to the Brattleboro Retreat by sheriff. It is also showing modest impact on the transportation of adults for involuntary psychiatric hospitalization.

Care Management System:

Linking the system of beds (crisis stabilization, residential and inpatient) into a network of collaborating programs in which clients are served in the most clinically fitting level of care requires the development of a highly coordinated system across all provider types. The Center for Health Policy, Planning, and Research at the University of New England will help design a statewide care management system with the assistance of consumers, advocates, and the medical and administrative leaders of Vermont's psychiatric inpatient and outpatient programs. Work with the Center is expected to commence in August.

Futures Project--Securing Inpatient Capacity

Context:

VSH serves multiple functions: acute inpatient care, long term rehabilitation services, secure forensic evaluation, and secure treatment. This multi-mission aspect of VSH makes the question, "How many beds are needed to replace VSH?" very difficult to answer definitively. At several points over the course of the past four years, the Department of Mental Health (DMH), the Department of Corrections (DOC), independent analysts and legislative consultants have all worked to address this question. All have come to the conclusion that replacing the Vermont State Hospital requires creating a range of successor programs to serve different populations.

At this time, we believe the following summary accurately reflects the beds needed going forward:

- Acute Inpatient Beds: 25-30 beds Preferably integrated or in proximity to general medical center services and infrastructure.

- Secure Residential: 15 beds Preferably state-operated and located in Waterbury. (Community leaders support continued location of services in the village.)
- Residential recovery: 20 – 22 beds Operated by the Designated Agencies – this capacity is currently implemented (Second Spring) or in an early stage of development (Health Care and Rehabilitation Services in collaboration with Retreat HealthCare).

Acute Inpatient:

DMH, in partnership with the Department of Buildings and General Services, the Department of Finance and Management, and the Office of Attorney General, created a draft framework document outlining what the State requires for services to replace the inpatient mission of VSH. The draft framework covers governance, program requirements, capital development options, and ongoing operating costs. It also describes the roles of the State and partner in planning and development. Negotiations with both Rutland Regional Medical Center and Fletcher Allen Health Care are underway. The draft framework is posted at: <http://healthvermont.gov/mhfutures/futureshome.aspx>.

- Rutland Regional Medical Center (RRMC)--RRMC and the State are evaluating new construction on the RRMC campus for a capacity for 25 psychiatric inpatients. One half of the program would be for VSH-level capacity (12 beds) and the other half would be for the current RRMC program. Negotiations on capital financing and capacities are in process at this time.
- Fletcher Allen Health Care (FAHC)--Currently the most viable option appears to be to combine the development of the new VSH-level beds with a larger inpatient replacement project that Fletcher Allen expects to undertake in the future. We have presented the draft framework to Fletcher Allen and have requested that they model developing up to twenty (20) new acute care psychiatric inpatient beds with the larger facility master plan. The proposed stand alone facility at FAHC has been ruled out due to cost.
- State-Run Inpatient Facility Option--If the project with RRMC proves viable, then the remaining needed inpatient capacity is 13 - 18 beds. A program size of 16 would allow for various State-run options which DMH will be reviewing over the coming month.

Secure Residential:

Following from recommendations from the November 2007 legislative consultants' report, DMH proposes to create a 15-bed secure residential program, run by the state, on the Waterbury State Complex campus. The secure residential facility was a component of the original Futures Plan, but had been envisioned as a 6 bed facility. The legislative consultants found that many of the patients at VSH were not in need of acute care, but longer term care, and by creating more secure residential capacity, there would be less need for inpatient beds in the future. This program will address important system issues by providing a secure treatment environment to:

- Complete forensic evaluations for people who do not require hospital-level care.
- Restore competency for individuals undergoing an adjudication process.
- Target rehabilitation and behavioral services to reduce dangerous behavior (self-harm and /or assaulting others) such that the individual could be safely transitioned to a less restrictive environment.

The relative merits of three location options for this program are being assessed: new construction, renovating to the Dale Women's Facility correctional space (formerly part of VSH), and renovating the Brooks Building (currently houses VSH patients).

Again, we hope this Vermont State Hospital Futures Project Legislative Briefing Paper has been informative. Should you have any questions please feel free to contact Commissioner Michael Hartman at 802-951-1258 or Deputy Commissioner Beth Tanzman at 802-652-2000..